

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2006008		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF FARNESE								
Street Address: 121 S BROAD STREET, 4TH FL								
City: PHILADELPHIA				State: PA		Zip Code: 19107		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
JUDGE OF THE COURT OF COMMON PLEAS				MO DAY YEAR			CPJ	DEM
				11 7 2023			51	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		11	28	2023	12 31 2023			
A. Amount Brought Forward From Last Report				\$ 46,147.23				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 15,400.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 61,547.23				
D. Total Expenditures (From Schedule III)				\$ 58,257.72				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 3,289.51				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 5,000.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 21,801.35				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 550.00
TOTAL for the Reporting Period (2)	\$ 550.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 4,350.00
TOTAL for the Reporting Period (3)	\$ 4,850.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 10,000.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 15,400.00
---	--------------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate FRIENDS OF FARNESE	Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>
--	--

				DATE			AMOUNT	
Full Name of Contributor ANTHONY LEPORE				MO	DAY	YEAR	\$ 50.00	
Mailing Address 2418 W BAYBERRY DR				1	24	2023		
City HARRISBURG		State PA	Zip Code (Plus 4) 17112					

Full Name of Contributor SHARON SULETA				MO	DAY	YEAR	\$ 250.00
Mailing Address 214 MARTROY LANE				1	24	2023	
City	NETHER PROVIDENCE TOWNSHI	State PA	Zip Code (Plus 4) 19086				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
TERRY GILLEN							
Mailing Address 2213 NAUDAIN ST				1	25	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 550.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
TWU LOCAL 234									
Mailing Address									
500 N 2ND ST					2	22	2023		
City	PHILADELPHIA		State	PA					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 500.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate FRIENDS OF FARNESE	Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
ROBERT LEIPZIGER							
Mailing Address 1254 EAGLE ROAD				2	22	2023	\$ 1,000.00
City NEW HOPE	State PA	Zip Code (Plus 4) 18938					
Employer Name ROB'S AUTOMOTIVE & COLLISION CENTER				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 2700 VETERANS HWY			City BRISTOL		State PA	Zip Code (Plus 4) 19007	

Full Name of Contributor				MO	DAY	YEAR	
PATRICIA FREELAND							
Mailing Address 601 N 17TH ST 1ST FLOOR				1	26	2023	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Employer Name SPRING GARDNE CDC				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 601 N 17TH ST1ST FLOOR			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19103	

Full Name of Contributor				MO	DAY	YEAR	
MARK SHEPPARD							
Mailing Address 696 KNOX ROAD				1	25	2023	\$ 1,000.00
City WAYNE	State PA	Zip Code (Plus 4) 19087					
Employer Name KLEHR HARRISON				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 1835 MARKET ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19103	

Full Name of Contributor JOSH VERNE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1435 WESLEYES RUN				1	23	2023	
City GLADWYND	State PA	Zip Code (Plus 4) 19035					
Employer Name SELF				Occupation FINANCE			
Employer Mailing Address/Principal Place of Business 4131 MAIN ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19127	

Full Name of Contributor HOWARD FISCHER				MO	DAY	YEAR	\$ 350.00
Mailing Address 1420 LOCUST ST APT 22K				1	24	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102					
Employer Name FISCHER & ASSOCIATES				Occupation PRESIDENT AND CEO			
Employer Mailing Address/Principal Place of Business 1800 KENNEDY BLVDSTE 702			City PHILADELPHIA		State PA	Zip Code (Plus 4) 191037404	

Full Name of Contributor DILWORTH PAXSON				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1500 MARKET STREET				1	25	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 4,350.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate FRIENDS OF FARNESE	Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>
--	--

				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
SQUARE GROUP							
Mailing Address PO BOX 34608				2	22	2023	\$ 10,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101					
Receipt Description REFUND							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 10,000.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF FARNESE		From: <u>11/28/2023</u> To: <u>12/31/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 5,000.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 5,000.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
FRIENDS OF FARNESE				From: <u>11/28/2023</u> To: <u>12/31/2023</u>			

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 1420 LOCUST STREET				8	4	2023	
City PHILADELPHIA	State PA	Zip Code(Plus 4) 19102					
Employer of Contributor CITY COMMISSIONER'S OFFICE				Occupation PRINCIPAL ASSISTANT			
Employer Mailing Address/Principal Place of Business 1400 JFK BLVD		City PHILADELPHIA	State PA	Zip Code(Plus 4) 19101		Description of Contribution REPAYMENT OF LOAN	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 5,000.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid CARDMEMBER SERVICE	MO	DAY	YEAR	
Mailing Address PO BOX 790408	5	24	2023	\$ 238.40
City ST LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid CARDMEMBER SERVICE	MO	DAY	YEAR	
Mailing Address PO BOX 790408	1	23	2023	\$ 1,744.49
City ST LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid LAWRENCE FARNESE	MO	DAY	YEAR	
Mailing Address 1420 LOCUST STREET	11	24	2023	\$ 110.33
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure REIMBURSEMENT	
To Whom Paid LOCAL STRATEGIES	MO	DAY	YEAR	
Mailing Address 262 MILL DRIVE	2	2	2023	\$ 1,500.00
City LEVITTOWN	State PA	Zip Code (Plus 4) 19056	Description of Expenditure CONSULTING	
To Whom Paid MARIA YOUNG	MO	DAY	YEAR	
Mailing Address REQUESTED	2	7	2023	\$ 300.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure PHOTOGRAPHY	

To Whom Paid NORRIS STRATEGIES LLC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2333 E NORRIS STREET			1	13	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure CONSULTING			

To Whom Paid NORRIS STRATEGIES LLC			MO	DAY	YEAR	\$ 8,000.00
Mailing Address 2333 E NORRIS STREET			5	3	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure CONSULTING			

To Whom Paid NORRIS STRATEGIES LLC			MO	DAY	YEAR	\$ 5,150.00
Mailing Address 2333 E NORRIS STREET			3	23	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid NORRIS STRATEGIES LLC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2333 E NORRIS STREET			2	14	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure CONSULTING			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 114.75
Mailing Address 2141 E BROADWAY RD SUITE 202			10	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			6	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			7	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			9	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			8	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 25.00
Mailing Address 2141 E BROADWAY RD SUITE 202			12	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 25.00
Mailing Address 2141 E BROADWAY RD SUITE 202			11	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			5	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 20.00
Mailing Address 2141 E BROADWAY RD SUITE 202			4	3	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 28.25
Mailing Address 2141 E BROADWAY RD SUITE 202			3	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 473.39
Mailing Address 2141 E BROADWAY RD SUITE 202			2	2	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid PARAGON PAYMENT SOLUTIONS			MO	DAY	YEAR	\$ 1,083.93
Mailing Address 2141 E BROADWAY RD SUITE 202			1	3	2023	
City TEMPE	State AZ	Zip Code (Plus 4) 85252	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid RITTENHOUSE POLITICAL PARTNERS			MO	DAY	YEAR	\$ 3,823.48
Mailing Address 121 S BROAD STREET			4	12	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid RITTENHOUSE POLITICAL PARTNERS			MO	DAY	YEAR	\$ 17,366.90
Mailing Address 121 S BROAD STREET			1	24	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid RITTENHOUSE POLITICAL PARTNERS			MO	DAY	YEAR	
Mailing Address 121 S BROAD STREET			11	20	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure EXPENSE REIMBURSEMENT			

To Whom Paid SQUARE GROUP			MO	DAY	YEAR	
Mailing Address PO BOX 34608			1	6	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	Description of Expenditure CONSULTING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 58,257.72

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF FARNESE				Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>			
--	--	--	--	--	--	--	--

				Outstanding Balance of Debt			
				DATE			
Name of Creditor FUMO FOR SENATE				MO	DAY	YEAR	\$ 20,000.00
Mailing Address 2220 GREEN ST				1	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130		Description of Debt LOAN REC'D			

				Outstanding Balance of Debt			
				DATE			
Name of Creditor KLEHR HARRISON HARVEY BRANZBURG LLP				MO	DAY	YEAR	\$ 1,801.35
Mailing Address 1835 MARKET ST				10	25	2018	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103		Description of Debt LEGAL FEES			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 21,801.35
--	--	--	--	--	--	--	---------------------------------------